



Benchmark Report Correction Form for Class Rosters

Teacher Name &
Employee ID #

Grade/Subject (Elem)
Test Code (Secondary)

Please explain your requested correction.

1.		
2.		
3.		
4.		
5.		

Requestor: _____ TEA: _____

School Name: _____ Phone: _____

Fax your completed form to: (972) 925-4440, or email your completed form to: Benchmark@dallasisd.org